

Regional Office		Application/Renewal Form for the <u>2019</u> Crop Year		Policy Number: 1139527																									
INSURER	<u>New Heights Farm II, LLC</u> <u>6241 Harrison St</u> <u>Zeebald, MI 49464</u>		Person Type: <u>LLC</u> ID#: <u>83-4161610</u> Type: <input type="checkbox"/> SSN <input checked="" type="checkbox"/> EIN <input type="checkbox"/> RAN Indicate State where articles are filed: <u>Michigan</u>		<u>Spartan Insurance - Main J</u> <u>806 Botsford</u> Code: <u>102913</u> <u>Potosky, MI 49770</u> Phone: <u>855-347-1066</u> Fax: <u>231-347-1067</u> Agent: <u>Chris Shellenbarger</u> Agency Email: <u>cshel158@</u> Agent Phone: <u>517-744-8928</u> <u>hotmail.com</u> Agent Email: <u>cshel158@hotmail.com</u>																								
	Is applicant at least 18 years old? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Phone: <u>616-875-7880</u> Mobile: <u>616-610-2886</u> E-Provisions: <input type="checkbox"/> Email: _____		Spouse's Name: _____ Spouse's ID#: _____ Change: <input type="checkbox"/> Name <input type="checkbox"/> ID#																										
	Authorized Representative(s): <u>Nicholas Boersen</u>		Power Of Attorney: _____																										
	Limited Authorized Representative(s): _____ Refer to the LAR Statement		<input type="checkbox"/> Add Authority For designated person(s) to sign crop insurance documents on behalf of the insured. <input type="checkbox"/> Remove Authority		<input type="checkbox"/> I authorize all individuals listed as SBI to have authority as a Limited Authorized Representative.																								
Substantial Beneficial Interest Information: - List all person(s) with a substantial beneficial interest in you as defined in the applicable policy provisions (include landlords or tenants insured under the applicant). If none, state NONE. Attach SBI Reporting Form if additional space is needed and check box <input type="checkbox"/> (SBI Reporting Form is attached).																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Name</th> <th>Address</th> <th>Telephone Number</th> <th>ID Number</th> <th>ID No Type (Check One)</th> <th>Person Type</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Add <u>Nicholas Boersen</u></td> <td><u>4678 72nd St Zeebald, MI 49464</u></td> <td><u>616-610-2886</u></td> <td><u>374-35-0951</u></td> <td><input checked="" type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN</td> <td><u>Individual</u></td> </tr> <tr> <td><input type="checkbox"/> Add</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Add</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN</td> <td></td> </tr> </tbody> </table>						Name	Address	Telephone Number	ID Number	ID No Type (Check One)	Person Type	<input checked="" type="checkbox"/> Add <u>Nicholas Boersen</u>	<u>4678 72nd St Zeebald, MI 49464</u>	<u>616-610-2886</u>	<u>374-35-0951</u>	<input checked="" type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	<u>Individual</u>	<input type="checkbox"/> Add				<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN		<input type="checkbox"/> Add				<input type="checkbox"/> SSN <input type="checkbox"/> EIN <input type="checkbox"/> RAN	
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Landlord/Tenant: In addition to my share on this policy, I am also insuring shares for my: <input type="checkbox"/> Landlord <input type="checkbox"/> Tenant (Add L/T as an SBI) By signing this form I, L/T hereby authorize the above named insured to insure my share under this policy. Otherwise, attach evidence of L/T approval. L/T Name: _____ Signature: _____ Date: _____																													
Effective Year: <u>2019</u> State: <u>MI</u> <input type="checkbox"/> Cancel Entire Policy *																													
Added County Election <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Cancel																													
I request insurance coverage for my share of the Category B crops (except forage production) specified below with a designated county in all added counties where the crops are insurable. If your designated plan of insurance, level of coverage or price is not available in the added county, coverage will be provided through the Catastrophic Risk Protection Endorsement, if the crop is insurable in the actuarial documents for an added county.																													
Crop/County Change	County Crop	Type Practice	Des. Cnty	** New Producer	Plan of Ins. Current/Change	%Coverage Level Current/Change	% Price Election, Proj.Price, or Amt of Ins.	Unit Struct	Options/Endorsements Current - Change	Intended PP Acres Eligibility	SCO Ins Plan	Level	ARC	Remarks/Comments															
<input checked="" type="checkbox"/> Add	<u>Eaton Corn</u>	<u>NI Grain</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>RP</u>	<u>80%</u>	<u>100%</u>	<u>EU</u>	<u>YA/TA/PF/MC</u>	<u>150</u>	<input type="checkbox"/> Add		<input type="checkbox"/> Y <input type="checkbox"/> N																
<input checked="" type="checkbox"/> Add	<u>Eaton Soybeans</u>	<u>NI Comm</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>RP</u>	<u>80%</u>	<u>100%</u>	<u>EU</u>	<u>YA/TA/PF/MC</u>	<u>0</u>	<input type="checkbox"/> Add		<input type="checkbox"/> Y <input type="checkbox"/> N																
<input checked="" type="checkbox"/> Add	<u>Ingham Corn</u>	<u>NI Grain</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>RP</u>	<u>80%</u>	<u>100%</u>	<u>EU</u>	<u>YA/TA/PF/MC</u>	<u>145</u>	<input type="checkbox"/> Add		<input type="checkbox"/> Y <input type="checkbox"/> N																
<input checked="" type="checkbox"/> Add	<u>Ingham Soybeans</u>	<u>NI Comm</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>RP</u>	<u>80%</u>	<u>100%</u>	<u>EU</u>	<u>YA/TA/PF/MC</u>	<u>0</u>	<input type="checkbox"/> Add		<input type="checkbox"/> Y <input type="checkbox"/> N																

*I hereby request cancellation of my crop insurance policy for the crop(s) and crop year shown on this cancellation. I understand that if this form is not executed on or before the cancellation date for any crop year listed, the cancellation of insurance on such crop(s) will not become effective until the following crop year. Explain in the remarks column the reason for cancelling - Insured's request, mutual consent, death, incompetence, dissolution or other.

**I certify I have not produced the insured crop in the county for more than two years.

F.18642 (01/19)

NHF2-527 Policy 000001

Application/Renewal Form - for the			Crop Year		Policy Number: Agency:		Page: 2 of 4							
Crop/County Change	County Crop	Type Practice	Des. Cnty	** New Producer	Plan of Ins. Current/Change	% Coverage Level Current/Change	% Price Election, Proj. Price, or Amt of Ins.	Unit Struct	Options/Endorsements Current - Change	Intended PP Acres Eligibility	SCO Ins Plan	Level	ARC	Remarks/Comments
<input checked="" type="checkbox"/> Add	Washington Corn	IRR/N1 Grain	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	RP	80%	100%	EP	YA PF	1950	<input type="checkbox"/> Add		<input type="checkbox"/> Y <input type="checkbox"/> N	
<input checked="" type="checkbox"/> Add	Washington Soy	IRR/N1 CORN	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	RP	80%	100%	EP	YA PF	7	<input type="checkbox"/> Add		<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Add			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No							<input type="checkbox"/> Add		<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Add			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No							<input type="checkbox"/> Add		<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Add			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No							<input type="checkbox"/> Add		<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Add			<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No							<input type="checkbox"/> Add		<input type="checkbox"/> Y <input type="checkbox"/> N	

*I hereby request cancellation of my crop insurance policy for the crop(s) and crop year shown on this cancellation. I understand that if this form is not executed on or before the cancellation date for any crop year listed, the cancellation of insurance on such crop(s) will not become effective until the following crop year. Explain in the remarks column the reason for cancelling - Insured's request, mutual consent, death, incompetence, dissolution or other.

**I certify I have not produced the insured crop in the county for more than two years.

CONDITIONS OF ACCEPTANCE STATEMENTS

Conditions of Acceptance: The application is accepted and insurance attaches in accordance with the policy unless: (1) The Federal Crop Insurance Corporation determines that, in accordance with the regulations, the risk is excessive; (2) any material fact is omitted, concealed or misrepresented in this application or in the submission of the application; (3) you have failed to provide complete and accurate information required by this application; or (4) the answer to any of the following questions is yes. An answer of yes to these questions does not automatically result in rejection of the application. For example, if you answer yes to question (a) but your debt was discharged in bankruptcy, the application would not be rejected.

☐ Yes ☒ No (a) Are you now indebted and the debt is delinquent for insurance coverage under the Federal Crop Insurance Act?

☐ Yes ☒ No (b) Have you in the last five years been convicted under federal or state law of planting, cultivating, growing, producing, harvesting, or storing a controlled substance?

☐ Yes ☒ No (c) Have you ever had insurance coverage under the authority of the Federal Crop Insurance Act terminated for violation of the terms of the contract or regulations, or for failure to pay your delinquent debt?

☐ Yes ☒ No (d) Are you disqualified or debarred under the Federal Crop Insurance Act, the regulations of the Federal Crop Insurance Corporation, or the United States Department of Agriculture?

☐ Yes ☒ No (e) Have you ever entered into an agreement with the Federal Crop Insurance Corporation or with the Department of Justice that you would refrain from participating in programs under the authority of the Federal Crop Insurance Act and that agreement is still effective?

☐ Yes ☒ No (f) Do you have like insurance on any of the above crop(s)?

I understand that if coverage for any crop is currently terminated or would have subsequently terminated for indebtedness had this application been filed after the termination date, no coverage can be provided and I am ineligible for any benefits under the Federal Crop Insurance Act until the cause for termination is corrected.

We will notify you of rejection by depositing notification in the United States mail, postage paid, to the applicant's address. Unless rejected or the sales closing date has passed at the time you signed this application, insurance shall be in effect for the crop(s) and crop years specified and shall continue for each succeeding crop year, unless otherwise specified in the policy, until canceled, terminated or voided. The insurance contract, which includes the accepted application, is defined in the regulation published at 7 CFR chapter IV. No term or condition of the contract shall be waived or changed unless such waiver or change is expressly allowed by the contract and is in writing.

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COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT Agents, Loss Adjusters and Policyholders

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Risk Management Agency (RMA) is authorized by the Federal Crop Insurance Act (7 U.S.C. 1501-1524) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on documents established by RMA or by approved insurance providers (AIPs) that have been approved by the Federal Crop Insurance Corporation (FCIC) to deliver Federal crop insurance. The information is necessary for AIPs and RMA to operate the Federal crop insurance program, determine program eligibility, conduct statistical analysis, and ensure program integrity. Information provided herein may be furnished to other Federal, State, or local agencies, as required or permitted by law, law enforcement agencies, courts or adjudicative bodies, foreign agencies, magistrate, administrative tribunal, AIPs contractors and cooperators, Comprehensive Information Management System (CIMS), congressional offices, or entities under contract with RMA. For insurance agents, certain information may also be disclosed to the public to assist interested individuals in locating agents in a particular area. Disclosure of the information requested is voluntary. However, failure to correctly report the requested information may result in the rejection of this document by the AIP or RMA in accordance with the Standard Reinsurance Agreement between the AIP and FCIC, Federal regulations, or RMA-approved procedures and the denial of program eligibility or benefits derived therefrom. Also, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies.

Supplemental Coverage Option Endorsement Terms and Conditions

"In addition to Section 3B(2) of the Basic Provisions, I hereby elect this Supplemental Coverage Option Endorsement, and by this election I understand:

- (1) I must have purchased a policy under the Common Crop Insurance Policy Basic Provisions and applicable Crop Provisions to elect this Endorsement and must also purchase this Endorsement with the same Approved Insurance Provider as my Common Crop Insurance Policy.
- (2) I may elect coverage under this Endorsement and the Farm Service Agency's Agriculture Risk Coverage Program, but the same acreage of the crop cannot be covered under both programs.
- (3) I may elect coverage under this Endorsement and Stacked Income Protection Plan for the upland cotton, but the same acreage cannot be insured under both.
- (4) If at any time my Common Crop Insurance Policy for the crop is cancelled or terminated, coverage under this endorsement is automatically cancelled or terminated.
- (5) That by electing this Endorsement, it will continue from year to year unless I or you cancel or change my election by written notice on or before the cancellation date or my coverage is otherwise cancelled or terminated under the terms of my policy.
- (6) Separate Administrative Fees will be assessed for each crop insured under this Endorsement."

NONDISCRIMINATION STATEMENT**Non-Discrimination Policy**

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). To

File a Program Complaint

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at www.ascr.usda.gov/ad-3027-usda-program-discrimination-complaint-form, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or email at program.intake@usda.gov.

Persons with Disabilities

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. Persons with disabilities, who wish to file a program complaint, please see information above on how to contact the Department by mail directly or by email.

+Election for Electronic Delivery of Multi-Peril and Private Crop Insurance Policy Provisions

By checking the box for "E-Provisions" on page 1, you agree to receive the MPCI, Crop-Hail, and/or Named-Peril crop insurance policy provisions associated with your Tax ID number (including any changes to the policy provisions) electronically, by accessing them on-line. To access, view, download, and/or print copies of your policies provisions go to www.greatamericancrop.com. By checking the "E-Provisions" box on page 1, you also acknowledge the following:

Withdrawal from Electronic Delivery: You may choose to receive paper copies of applicable provisions mailed to you at any time, at no charge. Simply contact your insurance agent to receive paper copies.

Minimum System Requirements: You have the minimum system requirements to access your policy provisions. This includes: (1) access to a computer or other device which is capable of accessing the internet; (2) software that permits you to receive and access Portable Document Format (PDF) files, such as Adobe Acrobat Reader; (3) hardware or a storage device that can save documents or a printer from which you can print out documents; and (4) an active email address with the ability to receive emails and attachments, in case we need to communicate with you electronically.

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POLICY TRANSFER REQUEST To be completed only if cancelling previous policy and transferring the experience and insurance coverage from another Approved Insurance Provider.

I hereby request cancellation of my insurance policy with (Ceding Approved Insurance Provider Name) _____ for the crop(s) and crop year(s) shown below because I have applied for insurance with another Approved Insurance Provider. I understand that if this form is not executed on or before the established cancellation date for any crop listed, the cancellation of insurance on such crop(s) will not become effective until the following crop year.

Crop(s) to be cancelled and transferred: _____

Crop Year of crops being cancelled and transferred: _____ Policy Number with Ceding Approved Insurance Provider: _____

I hereby authorize and direct the Ceding Approved Insurance Provider shown above to furnish any information relative to my insurance policy to the Assuming Approved Insurance Provider listed below. I understand that if coverage for any crop(s) is now terminated or would have subsequently terminated for delinquent debt had this transfer not occurred, no coverage can be provided by the (Assuming Approved Insurance Provider) **GREAT AMERICAN INSURANCE COMPANY**

*****COMPANY USE ONLY*****

AIP POLICY TRANSFER ACCEPTANCE (To be completed if policy is being transferred from another AIP)

ASSUMING APPROVED INSURANCE PROVIDER: GREAT AMERICAN INSURANCE COMPANY **POLICY ISSUING COMPANY CODE: 084**

By submission of this form, we agree to provide crop insurance to this applicant for the crop(s) and crop year specified above unless this form is not executed on or before the established cancellation date for any of the crop(s) shown, in which case insurance will be provided for such crop(s) for the following crop year.

Printed Name and Signature of AIP Representative Authorized to Accept Applications _____ Date of Acceptance by Assuming AIP _____

Regional Office Address and Phone Number: _____

Limited Authorized Representative Statement

I grant the person(s) listed in the Limited Authorized Representative section, the authority to sign any and all crop insurance documents on my behalf. I understand that by authorizing such persons to sign documents on my behalf, I am legally bound by all terms and conditions of such documents and of the crop insurance contract. I also understand that granting the following person(s) the authority to sign on my behalf does not obligate that person(s) to the terms and conditions of my crop insurance contract. I further understand that this authorization may be revoked by me at any time upon written notice, signed and delivered to my Approved Insurance Provider.

CERTIFICATION STATEMENT
Applicant/Insured Statement

"I certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but not limited to voidance of the policy, and in criminal or civil penalties (18 U.S.C. §1006 and §1014; 7 U.S.C. §1506; 31 U.S.C. §3729, §3730 and any other applicable federal statutes). To the best of my knowledge, the Grid ID accurately identifies the location of the insured acreage; and acreage assigned to each Grid ID is accurate."

New Heights Farm II, LLC
Nicholas Boeisen *[Signature]* *3/12/19*

Applicant's Printed Name _____ Signature _____ Date _____

Agent Statement

"I certify, for the crop year indicated, that I have neither offered nor promised, directly or indirectly, any benefit, including money, goods, or services for which payment is usually made, rebate, discount, credit, reduction of premium, or any other valuable consideration to this person either as an inducement to procure insurance or in exchange for obtaining insurance after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payment approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 U.S.C. §§ 1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any violation may subject me, and all agencies/companies I represent, to sanctions, including but not limited, to criminal and civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 USC §1515(h)) and all other applicable federal statutes."

Chris Shellenberger *[Signature]* *3/13/19* *102218*

Agent's Printed Name _____ Signature _____ Date _____ Code Number _____